

School Registration Form
Complete the entire registration form (front and back)
(Please Print)

1. Student Name: _____
Last First Middle

2. Date of Birth _____ **3. City of Birth** _____ **4. State of Birth** _____ **5. Country of Birth** _____

6. Address: _____ **7. Home Phone #** _____
Street City Zip Code (include area code)

8. Ethnic Background: Hispanic/Latino Yes No

9. Race: (more than one may be marked)
 American Indian Asian Black/African American
 Pacific Islander White

10. Primary language spoken in home: _____

11. Mother/Guardian _____
Last Name First Name cell # (include area code)

12. Mother's Address (if different than student)
Street Address City/State/Zip Work # (include area code)

13. Father/Guardian _____
Last Name First Name Cell # (include area code)

14. Father's Address (if different than student)
Street Address City/State/Zip Work # (include area code)

15. Marital Status: (check one) Married Separated Divorced Single

16. Student resides with: Both Parents Mother Father Guardian Other _____

17. List names of other children in household: (Starting with the oldest)

Name:	_____	Age:	_____	Grade:	_____
Name:	_____	Age:	_____	Grade:	_____
Name:	_____	Age:	_____	Grade:	_____
Name:	_____	Age:	_____	Grade:	_____

18. Please tell us any information about your home situation you would like the teacher to know:

19. Health Insurance: Yes No

20. Additional Comments: _____

For Official Use Only				
NJ State ID Number: _____				
Previous School:	_____	Phone #:	_____	
Address	_____	Public	<input type="checkbox"/>	
	_____	Private	<input type="checkbox"/>	
Proof of Residency:	Utility Bill <input type="checkbox"/>	Telephone Bill <input type="checkbox"/>	Lease <input type="checkbox"/>	Mortgage <input type="checkbox"/>
	Other: _____			
Birth Certificate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Vaccine record:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		